

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/6/9/98

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6		5					56						
7		1					57						
8		5					58						
9		5					59						
10		5					60						
11		5					61						
12		5					62						
13		5					63						
14		5					64						
15		5					65						
16		5					66						
17		5					67						
18		5					68						
19		5					69						
20		5					70						
21		5					71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	76						TOTAL DEP.						
TOTAL CLAIMS	81						TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			1				53						
4			1				54						
5			1				55						
6				5			56						
7				5			57						
8				5			58						
9				5			59						
10				5			60						
11				1			61						
12				1			62						
13				1			63						
14				5			64						
15				1			65						
16				1			66						
17				5			67						
18				5			68						
19				5			69						
20				1			70						
21				5			71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		5				TOTAL IND.						
TOTAL DEP.	68		44				TOTAL DEP.						
TOTAL CLAIMS	73		49				TOTAL CLAIMS						